

**GENERAL INTAKE QUESTIONNAIRE  
FAIR EMPLOYMENT PROGRAM**

**CHEYENNE OFFICE**

Labor Standards  
1510 E. Pershing Boulevard  
West Wing, Room 150  
Cheyenne, WY 82002  
(307) 777-7261 FAX (307) 777-5633

**CASPER OFFICE**

Labor Standards  
100 West Midwest  
P.O. Box 2760  
Casper, WY 82602  
(307) 235-3679 FAX (307) 235-3688

**DATE:** \_\_\_\_\_

Please answer the following questions telling us briefly why you believe you have been discriminated against by your employer or potential employer. After you complete this questionnaire, submit the **signed** document to THE NEAREST OFFICE at the address noted above.

UNDER STATE LAW, YOU HAVE **SIX (6) MONTHS** FROM THE LAST DISCRIMINATORY ACT IN WHICH TO FILE A VERIFIED COMPLAINT WITH OUR OFFICE, AND **300 DAYS** FROM THE LAST DISCRIMINATORY ACT IN WHICH TO FILE UNDER FEDERAL LAW. IF YOU HAVE ALREADY FILED WITH A STATE AGENCY, OR IF YOU ARE COMPLAINING ABOUT SOMETHING WHICH HAPPENED TO YOU OVER 300 DAYS AGO, STOP AND CONTACT A COMPLIANCE OFFICER BEFORE PROCEEDING FURTHER WITH THIS QUESTIONNAIRE.

NAME: \_\_\_\_\_  
(First) (Middle Initial) (Last)

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

TELEPHONE NUMBER (Include Area Code): WORK ( ) \_\_\_\_\_ HOME ( ) \_\_\_\_\_

I prefer to be contacted at ☐ WORK ☐ HOME Days \_\_\_\_\_ Time \_\_\_\_\_

YOUR SOCIAL SECURITY # \_\_\_\_\_ YOUR SEX ☐ MALE ☐ FEMALE

YOUR DATE OF BIRTH \_\_\_\_\_ YOUR AGE \_\_\_\_\_

YOUR RACE ☐ White ☐ Black ☐ American Indian ☐ Other  
☐ Asian/Pacific Islander ☐ Alaskan Native

YOUR NATIONAL ORIGIN ☐ Mexican ☐ Hispanic ☐ East Indian ☐ Other

Please provide the name of a person at a different address whom we can contact if we are unable to reach you.

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE (Area Code) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Name of Intake Officer (if known) \_\_\_\_\_

Have you filed any previous EEOC charges [ ] Yes [ ] No

If "yes", identify your EEOC Charge Number(s) 1) \_\_\_\_\_ 2) \_\_\_\_\_

Approximate Date(s) you filed your prior EEOC charge(s) 1) \_\_\_\_\_ 2) \_\_\_\_\_

**IDENTIFY THE EMPLOYER (BUSINESS NAME) WHOM YOU BELIEVE DISCRIMINATED AGAINST YOU**

NAME \_\_\_\_\_

ADDRESS (location where you actually worked) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTY \_\_\_\_\_ TELEPHONE NO. (Include Area Code) \_\_\_\_\_

NUMBER OF EMPLOYEES NATIONWIDE \_\_\_\_\_ NUMBER OF EMPLOYEES IN WYOMING \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

If the employer has a separate Headquarters Office, please include the name and address, and telephone number, if known.

HEADQUARTERS OFFICE (If different from where you actually worked)

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Contact Person if known (example: Director, Human Resources) \_\_\_\_\_

If a different employer, or union organization is involved in the matter you believe was discriminatory, identify by:

NAME \_\_\_\_\_

ADDRESS (where you actually worked)  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTY \_\_\_\_\_ TELEPHONE NO. (Area Code) \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

**EMPLOYMENT DATA** (Complete as many items as you can)

Date Hired \_\_\_\_\_ Current Job Title/Salary \_\_\_\_\_

Job Title/Salary at time of alleged discrimination \_\_\_\_\_

Name and title of current immediate supervisor \_\_\_\_\_

Is there a union? [ ☐ ] Yes [ ☐ ] No If so, name the union (including local #), give address and local phone number. \_\_\_\_\_

Have you filed a union grievance related to the allegation of discrimination? [ ☐ ] Yes [ ☐ ] No If so, what happened? \_\_\_\_\_

**FOR THOSE ACTIONS THAT YOU WISH TO INCLUDE IN THE CHARGE:**

1. The date (month, day, year) of the EARLIEST alleged discrimination is: \_\_\_\_\_

The date of the LATEST (MOST RECENT) alleged discrimination is: \_\_\_\_\_

2. If known, identify by name and job title, the individual(s) you believe discriminated against you:

Name \_\_\_\_\_ Job Title \_\_\_\_\_

The Wyoming Labor Standards Division enforces laws which prohibit discrimination on the basis of Race, Sex, Religion, Color, Age, National Origin, Ancestry, and Handicap. The law also prohibits an employer from retaliating against an employee who alleges any of the types of discrimination, or who participates in an investigation. **CHECK THE BOXES YOU BELIEVE ARE THE BASIS FOR YOUR CHARGE.**

**IDENTIFY THE BASIS OF YOUR CHARGE:**

[ ☐ ] Race [ ☐ ] Color [ ☐ ] Pregnancy [ ☐ ] Sex [ ☐ ] Age (40+) [ ☐ ] Retaliation

[ ☐ ] National Origin [ ☐ ] Ancestry [ ☐ ] Religion (specify) \_\_\_\_\_

[ ☐ ] Disability (specify) \_\_\_\_\_

*(If you check Disability, you must complete the ADA Intake Questionnaire also. Contact the nearest Labor Standards Office in your area listed on page 1.)*

**TYPE OF ACTION(S) TAKEN AGAINST YOU (Please list actual date):**

**Terminated**

**Date**

\_\_\_\_\_ Fired (discharged)

\_\_\_\_\_ Laid Off

\_\_\_\_\_ Forced to Quit/Retire

\_\_\_\_\_ Resigned

\_\_\_\_\_ Constructively  
Discharged

\_\_\_\_\_ Training

**Denied**

**Date**

\_\_\_\_\_ Employment

\_\_\_\_\_ Promotion

\_\_\_\_\_ Transfer

\_\_\_\_\_ Reinstatement

\_\_\_\_\_ Recall

\_\_\_\_\_ Maternity Benefits

**Treated Differently**

**Date**

\_\_\_\_\_ Harassed

\_\_\_\_\_ Unequal Pay

\_\_\_\_\_ Demoted

\_\_\_\_\_ Maternity Leave

\_\_\_\_\_ Discipline

Other actions, if any (please  
specify): \_\_\_\_\_

What reason(s) were given by the employer for the actions taken against you?

State the specific reason(s) you believe the actions taken against you were the result of discrimination you identified above:

Do you know of any other reason(s) which may lead to the actions(s) taken against you?

Indicate any direct evidence (statements or documents) which would help prove what you are saying:

List the name(s), job title, race, sex, age, of those persons who were treated the same, more favorably, or less favorably than you:

<u>Name &amp; Job Title</u>	<u>Race/Sex/Age</u>	<u>Same</u>	<u>More Favorably</u>	<u>Less Favorably</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

State the name, address, telephone number, and a description of the information which can be provided by any witness(es) you believe can provide evidence to support your charge: (i.e., an eye witness that actually saw and/or heard the events leading to the actions taken against you.)

<u>Name and Address</u>	<u>Telephone No.</u> (Include Area Code) (Home) (Work)	<u>Description of Information Each Witness Can Provide</u>
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a. \_\_\_\_\_

\_\_\_\_\_

b. \_\_\_\_\_

\_\_\_\_\_

c. \_\_\_\_\_

(If additional space is needed, use the reverse side of this page).

Name, title, address and phone number of your representative is:

\_\_\_\_\_

Union Representative, if any \_\_\_\_\_

Attorney, if any (include contact information): \_\_\_\_\_

\_\_\_\_\_

Have you attempted to resolve your problem by discussing the matter with someone in management?

[ ] Yes [ ] No If so, give the name and title of the person, state what happened, and when:

\_\_\_\_\_

\_\_\_\_\_

If discharged, have you applied for unemployment insurance? [ ] Yes [ ] No

Were you awarded unemployment compensation? [ ] Yes [ ] No If so, when?

If no, why not? \_\_\_\_\_

Do you have a copy of the Referee's decision regarding your claim? [ ] Yes [ ] No

## SETTLEMENT INFORMATION

Specifically, what would you want the employer to do in order to resolve this charge?

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What is the least you would be willing to accept and that the employer (Respondent) may offer in order to resolve your charge?

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If you are still employed by the employer you are claiming discriminated against you.

What is your current rate of pay? \$ \_\_\_\_\_ (circle one)  
(per hour) (per week) (per month) (per year)

Number of hours worked \_\_\_\_\_ (circle one)  
(per week) (per month) (per year)  
(Submit a copy of your latest pay stub, if possible.)

If you are no longer employed by the employer you are claiming discriminated against you:

What was your rate of pay when you left \$ \_\_\_\_\_ (circle one)  
(per hour) (per week) (per month) (per year)

Number of hours worked \_\_\_\_\_ (circle one)  
(per week) (per month) (per year)  
(Submit a copy of your latest pay stub, if possible).

Have you gotten a job somewhere else? [ ] Yes [ ] No If yes, who is your current employer?

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. (Include Area Code) \_\_\_\_\_

When did you begin working with your current employer? DATE: \_\_\_\_\_

What is your current rate of pay? \$ \_\_\_\_\_ (circle one)  
(per hour) (per week) (per month) (per year)

Number of hours worked \_\_\_\_\_ (circle one)  
(per week) (per month) (per year)  
(Submit a copy of your latest pay stub, if possible).

***Signature of Potential Charging Party***

***Date Signed***

\_\_\_\_\_

\_\_\_\_\_

**BE ADVISED THE SUBMITTING OF THIS QUESTIONNAIRE IS NOT A FORMAL COMPLAINT. YOUR CHARGE WILL NOT BE CONSIDERED LEGALLY FILED UNTIL IT IS SIGNED AND NOTARIZED, STAMPED IN BY THIS OFFICE, GIVEN WFEP AND EEOC CHARGE NUMBERS, AND IS DETERMINED TO BE MINIMALLY SUFFICIENT IN DATA.**

**PRIVACY ACT STATEMENT:** (This form is covered by the Privacy Act of 1974, Public Law 93-579. Authority for requesting the personal data and the uses there are given below.)

1. FORM NUMBER/TITLE/DATE: EEOC FORM 283, Intake Questionnaire, August 1987
2. AUTHORITY: 42 U.S.C. 2000c-5(b), 29 U.S.C. Section 211, 29 U.S.C. Section 626
3. PRINCIPAL PURPOSES: The purpose of the questionnaire is to solicit information to enable the Commission to draft a charge, if appropriate, and to avoid the intake of matters not within its jurisdiction
4. ROUTINE USES: Information provided on this form will be used by Commission employees to determine the existence of facts relevant to a decision as to whether the Commission has jurisdiction over potential charges, complaints or allegations of employment discrimination and to provide such pre-charge filing counseling as is appropriate. Information provided on this form may be disclosed to other state, local and federal agencies as may be appropriate or necessary to carrying out the Commission's functions. This would include employment practices laws. Information may also be disclosed to charging parties in consideration of or in connection with litigation.
5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY; EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION: The providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge of discrimination. It is not mandatory that this form be used to provide the requested information.
6. OTHER: EEOC will use your social security number to distinguish you and your charge information from anyone else who might have a similar or identical name. Additional disclosures may be made to a state or local fair employment practices agency, federal, state, or local agencies, as necessary, and parties to the charge after the file has been closed, unless the notice of right to sue has expired.